

OFFICE OF MISSOURI STATE TREASURER  
UNCLAIMED PROPERTY ADMINISTRATOR  
P.O. BOX 1272  
JEFFERSON CITY, MISSOURI 65102-1272

BULK RATE  
U.S. POSTAGE  
PAID  
Jefferson City, MO  
PERMIT NO. 55

***WHAT'S NEW???***

- 5-yr Abandonment Period (formerly 7 yrs)
- Negative Reporting Not Required!

***SEE INSIDE FOR DETAILS!!***

# STATE OF MISSOURI

# Unclaimed Property Report Form



Dear Unclaimed Property Holder,

On July 1, 1993, the Missouri State Treasurer's Office assumed responsibility for the administration of the state's Unclaimed Property Division. This information booklet and report form are to be utilized by Holders when reporting abandoned property pursuant to the Missouri Disposition of Unclaimed Property Act.

All financial institutions, business associations, insurance companies, government agencies, utility companies, and entities as defined in RSMo 447.503 are required to file an annual Unclaimed Property Report. Legislation approved in 1998 streamlines the reporting process required of Holders. Those Holders without unclaimed property no longer have to submit "Negative" reports. This and other changes were adopted in response to recommendations submitted by an advisory committee convened by our Office, which consisted of representatives of Holder groups as well as former claimants.

In recent years, Missouri has become more active in trying to locate missing owners. In addition to publishing the names of owners in newspapers throughout the state and sending postcards to the addresses provided by the Holders, we also distribute lists to the state legislators and county treasurers, who have had great success in finding owners. We've also made owner names available on the internet via a searchable on-line database.

The information provided by Holders is an essential part of the Office of the Missouri State Treasurer's effort to locate property owners and reunite them with their lost and abandoned property. Our success in returning property to its rightful owners is heavily dependent upon your timely filing and the accuracy of the information you submit.

All Unclaimed Property Reports are due on November 1, except for life insurance company reports, which are due on May 1.

Anyone requiring assistance in completing this form or who has questions relating to the Unclaimed Property Act or the filing of the Unclaimed Property Report, please do not hesitate to contact us at the address below:

**Office of the Missouri State Treasurer**  
Unclaimed Property Division  
**P.O. Box 1272**  
**Jefferson City, MO 65102-1272**  
**(573) 751-0840**  
**website: [www.treasurer.mo.gov](http://www.treasurer.mo.gov)**  
**email: [ucp@treasurer.mo.gov](mailto:ucp@treasurer.mo.gov)**



**Sarah Steelman**  
State Treasurer

# INSTRUCTIONS

## FOR PREPARING

### REPORT OF UNCLAIMED PROPERTY

State of Missouri

#### IF YOU HAVE ANY QUESTIONS CALL OR WRITE:

Mailing Address:

OFFICE OF MISSOURI STATE TREASURER  
DIVISION OF UNCLAIMED PROPERTY  
PO BOX 1272  
JEFFERSON CITY MO 65102-1272

Street Address for Courier Deliveries:

OFFICE OF MISSOURI STATE TREASURER  
DIVISION OF UNCLAIMED PROPERTY  
HARRY S TRUMAN BUILDING, ROOM 157  
301 WEST HIGH STREET  
JEFFERSON CITY MO 65101

Phone: (573) 751-0840

Email: [mailto:ucp@treasurer.mo.gov](mailto:mailto:ucp@treasurer.mo.gov)

#### REPORTING METHODS

##### Reporting Manually

The following form is provided for manual reporting of unclaimed property, accompanied by detailed step-by-step instructions on proper completion of the paper reporting form. *All information recorded must be typed or printed clearly and legibly.*

If additional forms are needed, you may photocopy the blank forms or request additional forms by contacting the Missouri Division of Unclaimed Property. An alternative customized reporting format (eg., a spreadsheet) is acceptable as long as all required information is included.

##### Diskette Reporting

Diskette reporting of unclaimed property items is encouraged. To receive a free Missouri Automated Reporting System diskette, contact the Missouri Division of Unclaimed Property or obtain a free download from our website. The standard NAUPA (National Association of Unclaimed Property Administrators) diskette-reporting format is also accepted. For more information on diskette reporting, visit our website at <http://www.treasurer.mo.gov/>

#### WHO MUST REPORT

The State of Missouri *Uniform Disposition of Unclaimed Property Act (RSMo 447.500-595)* requires that all financial institutions, business associations, insurance companies, governmental units, utility companies, nonprofit organizations and persons as further defined in the statute, report assets that have been presumed abandoned for **five** years (fifteen years in the case of travelers checks, seven years for money orders) to the Office of the Missouri State Treasurer.

**NOTE:** Pursuant to new legislation, the abandonment period changed from seven to five years beginning January 1, 2000 for most types of properties. Please refer to RSMo 447.536 or call the Unclaimed Property Division for more information.

All Holders are responsible for filing reports on behalf of their branches, divisions, or affiliated entities as applicable.

Holders may be allowed to report and remit property prior to the expiration of the applicable abandonment period. Please contact the Unclaimed Property Division prior to submitting an early remittance.

#### WHEN TO REPORT

The **Report of Unclaimed Property** must be completed annually and must be postmarked no later than November 1 for period ending June 30 preceding. Life insurers shall file by May 1 for preceding period ending December 31. A Holder may send a written request for an extension of 30 days in exceptional circumstances. The State of Missouri must approve all extensions.

**Payment must accompany the Report.** Checks should be made payable to the **Missouri State Treasurer**. If securities are reported, the underlying shares must be delivered via mail or DTC transfer to the State of Missouri at the time of remittance. Contact the Division of Unclaimed Property for information on DTC transfers. Certificates should be registered as follows:

Office of Missouri State Treasurer  
Division of Unclaimed Property  
PO Box 1272  
Jefferson City MO 65102-1272

Federal ID: 43-1645862

#### WHAT TO REPORT

Any debt or obligation which has gone unpaid or security that has remained undelivered for the aforementioned abandonment period must be reported and remitted. Please refer to *Appendix A: Property Type Codes* for examples of reportable property types.

All such property that is held for a Missouri resident or business entity must be reported. If your organization is registered in Missouri, you must also report owners for which you have no last known address or the last known address is in a foreign country. Property for owners with a last known address in a state other than Missouri must be reported to the Unclaimed Property Division of the state of last known address.

### Reciprocity Agreements

In an effort to make the reporting process less burdensome for their Holders, some states have entered into mutual agreements for the acceptance of property belonging to owners in other states. Please contact the Division of Unclaimed Property for a current list of states that have entered into reciprocity agreements with the State of Missouri.

**Negative Reports** are not required. Please do not submit if you do not have any unclaimed property to report.

### Due Diligence

Holders are required to exercise such reasonable and necessary diligence as is consistent with good business practice to locate owners of property valued at fifty dollars or more within one year prior to reporting the property to the Missouri State Treasurer.

The Holder shall retain such records as necessary to verify the relationship of the owner to the Holder for a period of not less than five years subsequent to reporting the property. The Unclaimed Property Division may contact the Holder to verify previously reported information or to ask for any additional information that is available regarding the property.

## HOW TO COMPLETE THE REPORT

### SECTION A HOLDER REPORTING INFORMATION

#### PART I REPORT INFORMATION

**DATE PREPARED** The date the Report is completed.

**REPORT PERIOD ENDING** Period ending date covered by this report. Example, the report for the period ending June 30, 2000 is due November 1, 2000. For life insurers, the reporting period ending December 31, 1999 is due on May 1, 2000.

**FEDERAL I.D.** Provide your federal identification number or taxpayer identification number.

**HOLDER NUMBER** Enter your Holder Number, which is the seven-digit number on the mailing label affixed to the front of this booklet. Leave this space blank if your Holder Number is unknown or unavailable.

#### **TOTAL NO. ITEMS/SHARES/SAFE DEPOSIT BOXES**

Enter the total number of owners, shares, and safe deposit boxes included in Section B of the Report.

**CHECK NUMBER** The number of the check accompanying this Report.

**CHECK AMOUNT** Amount of payment being remitted, which is the Grand Total of all property items as recorded on the last page of Section B of the report (less Expenses, if applicable). Checks are to be made payable to the **Missouri State Treasurer**. Please submit one check for the Grand Total. *Remittance must accompany the Report.*

#### PART II HOLDER INFORMATION

**NAME OF HOLDER** Name of the company remitting the Report. If there is a label on the cover of this booklet, it should be peeled off and affixed to the area labeled **HOLDER INFORMATION**. This label includes the seven-digit holder number. Make corrections as necessary.

#### **MAILING ADDRESS, CITY, STATE, ZIP, COUNTY**

Address used by the Holder to receive mail, to include the county.

**STATE OF INCORPORATION** State in which company is incorporated.

**DATE OF INCORPORATION** Date company was incorporated.

**PRIMARY PLACE OF BUSINESS IN MISSOURI** Location of main business activity within this state. Please be as specific as possible. If reporting for a single branch, please provide the physical address of the branch location.

#### PART III PREVIOUS HOLDER INFORMATION

This section is to be used by a Holder that has had a name change or merger resulting in a name different from the name printed on the label, or if the Holder is a successor to other entities who previously held the property for the owner. List previous holder numbers, names and/or addresses under which you have previously filed unclaimed property reports with the State of Missouri.

#### PART IV PRIMARY BUSINESS ACTIVITY

Please provide a brief summary that best describes your organization's primary business activity.

#### PART V CONTACT PERSON

The contact person listed on the report is the name of the individual who prepared the report or whom the Division of Unclaimed Property can contact in the event there are any questions relating to the report.

#### PART VI AUTHORIZATION

The individual authorized to submit the Report of Unclaimed Property on behalf of the Holder.

### SECTION B SUMMARY OF UNCLAIMED PROPERTY

**HOLDER NUMBER** and **HOLDER NAME** Enter your Holder Number and Holder Name as they appear in Section A of this Report or on the mailing label affixed to the front of this booklet. Leave the Holder Number space blank if it is unknown or unavailable.

**REPORT PERIOD ENDING** Enter the period ending date for which this report is being filed. Date should correspond with the reporting period listed in Section A of this report.

*(continued)*



OFFICE OF MISSOURI STATE TREASURER  
REPORT OF UNCLAIMED PROPERTY

MAIL COMPLETED  
REPORT AND  
REMITTANCE TO:

UNCLAIMED PROPERTY ADMINISTRATOR  
OFFICE OF MISSOURI STATE TREASURER  
P.O. BOX 1272  
JEFFERSON CITY, MISSOURI 65102-1272

**SECTION A**  
**HOLDER REPORTING INFORMATION**

PART I REPORT INFORMATION				
DATE PREPARED		REPORT PERIOD ENDING	FEDERAL I.D. NUMBER	HOLDER NUMBER
TOTAL NO. OF ITEMS	TOTAL NO. OF SHARES	TOTAL NO. OF SAFE DEPOSIT BOXES	CHECK NUMBER	CHECK AMOUNT
PART II HOLDER INFORMATION				
THIS REPORT INCLUDES: <input type="checkbox"/> ALL BRANCHES AND DIVISIONS <input type="checkbox"/> ALL SUBSIDIARIES <input type="checkbox"/> ONLY THIS COMPANY/BRANCH/DIVISION				
AFFIX LABEL	NAME OF HOLDER			STATE OF INCORPORATION
	MAILING ADDRESS			DATE OF INCORPORATION
	CITY	STATE	ZIP	COUNTY
	PRIMARY PLACE OF BUSINESS IN <b>MISSOURI</b> (CITY, COUNTY, ZIP)			
PROVIDE PREVIOUS HOLDER INFORMATION IF YOU ARE A SUCCESSOR TO PREVIOUS HOLDERS OF THE PROPERTY. IF YOU HAVE CHANGED YOUR NAME OR ADDRESS DURING THE TIME PERIOD THAT YOU HAVE HELD THE PROPERTY, LIST THE PRIOR NAME(S) AND ADDRESS(ES) YOU HAVE REPORTED UNDER.				
PART III PREVIOUS HOLDER INFORMATION				
PREVIOUS NAME OF BUSINESS		FEDERAL I.D. NO.	HOLDER NUMBER	DATE OF CHANGE
PREVIOUS ADDRESS (STREET, CITY, STATE, ZIP)				
PART IV PRIMARY BUSINESS ACTIVITY INFORMATION				
PLEASE PROVIDE A BRIEF BUSINESS DESCRIPTION				
PART V CONTACT PERSON				
CONTACT PERSON			TITLE	
PHONE NUMBER (      )		EXTENSION	FAX NUMBER (      )	
PART VI AUTHORIZATION				
I, _____ being first duly sworn under oath, state that I have examined this report of property presumed abandoned under the Missouri Unclaimed Property Act, and that I am duly authorized by the Holder herein to execute this report; and I declare by penalty of perjury that this report is true, correct, and complete, as of said date.				
SIGNATURE			TITLE	
<b>NOTE:</b> This verification, if made by a partnership, shall be executed by a partner; if made by an unincorporated association or private corporation, by an officer; and if made by a public corporation, by its chief fiscal officer.				

**FOR OFFICE USE ONLY**

PROCESSED BY \_\_\_\_\_ VERIFIED BY \_\_\_\_\_ KEYED BY \_\_\_\_\_

<div>SECTION B</div> <div>SUMMARY OF UNCLAIMED PROPERTY</div> <div>SEE INSTRUCTIONS</div> <div>(IF ADDITIONAL SPACE IS REQUIRED, PLEASE DUPLICATE THIS FORM)</div>			FILE THIS REPORT WITH YOUR REMITTANCE ON NOVEMBER 1 (MAY 1 FOR LIFE INSURERS). ALL ITEMS LESS THAN \$50 MAY BE REPORTED IN AGGREGATE AND ENTERED BY PROPERTY TYPE AT THE END OF THIS REPORT.						PAGE NO _____ of _____	
			HOLDER NUMBER		HOLDER NAME			REPORT PERIOD ENDING		
ORIGINAL OWNER NAME (LIST BY LAST NAME, FIRST NAME, MI)	OWNER STREET ADDRESS	CITY, STATE, ZIP, COUNTY	OWNER SOCIAL SECURITY NUMBER AND/OR DATE OF BIRTH	ACCT/ CHECK NUMBER	PROPERTY DESCRIPTION	PROP CODE (SEE APP. A)	DATE OF LAST TRANSACTION. DATE PROP. BECAME PAYABLE, REDEEMABLE, OR RETURNABLE	CHECK THIS BOX IF INTEREST BEARING ACCOUNT	AMOUNT DUE OWNER	
<div>DEDUCTED EXPENSES SUMMARY</div> <div>If expenses have been deducted per RSMo 447.543, please outline these costs below:</div>			<div>NONE DEDUCTED</div> <div><input type="checkbox"/></div>		<div>NO. ITEMS THIS PAGE</div> <div></div>			<div>PAGE TOTAL</div>		<div>\$</div>
ITEM DESCRIPTION		AMOUNT		<div>GRAND TOTAL (IF LAST PAGE)</div>				<div>\$</div>		
ITEM DESCRIPTION		AMOUNT								

**ORIGINAL OWNER NAME** Last name, first name and middle name or initial, as available. Be sure to include any information that would aid in the identification of the owner, to include Jr., Sr., Dr., etc. (for example, Smith Jane Ann MD). Company names or corporate titles should be entered exactly as adopted, except the word "the" should be omitted when it is the first word of the title. If a single item has two or more owners, the names and addresses of each must be listed. When reporting certified checks or cashiers checks, list the names and addresses of both remitter and payee if available, specifying each. If no owner name is available, report the property as "Unknown" (include any other identifying information that may be available in the respective columns). Items that are \$50 or less may be reported in Aggregate totals by property type at the end of the report rather than individually. *However*, since our goal is to return as much property as possible to the rightful owners, we encourage the reporting of detailed owner information whenever it is available.

**OWNER RELATIONSHIP** Relationship of each owner listed (e.g. OWNER, JT TEN, CUSTODIAN, MINOR, PAYEE, REMITTER). Refer to table in Appendix B.

**OWNER ADDRESS** Include street, city, state, zip and county, if available, of the last known address of the original owner. If no address is available, write the word "Unknown" in the address column.

**SS NUMBER/DATE OF BIRTH** Provide original owner's social security number or taxpayer id number and date of birth if available.

**ACCOUNT/CHECK NUMBER** Enter any identification number(s) available regarding the property item, such as account number, policy number, check number, stock certificate number, etc.

**PROPERTY DESCRIPTION** Enter the property description of each item (e.g., Payroll checks, Savings Accounts, Safe Deposit Box Contents, etc.). Refer to Appendix A for listing of categories and descriptions.

In the case of safe deposit boxes, attach separate inventory sheets identifying contents, including a description of the contents (e.g., "4 insurance policies, 1 goldtone ring, and 2 letters"). Indicate in Section B "Safe Deposit Box information attached."

For securities, please include the issuing company name and number of shares remitted for each owner.

**PROPERTY CODE** Enter the appropriate property code for each type of unclaimed property according to Appendix A. Items that are \$50 or less may be reported in Aggregate within the appropriate category (e.g., "Aggregate of 5 items less than \$50, Vendor Checks, Code 56, total \$156.00").

Indicate date of last owner-initiated activity on account, date of check, or date of maturity.

**CHECK IF INTEREST-BEARING** Check box if account was accruing interest at the time of remittance, or if the owner would have been entitled to interest had the property not been presumed abandoned.

**AMOUNT DUE OWNER** Enter the total amount of cash value due the owner, including any interest earned on deposits.

**PAGE TOTAL** Enter the sum of the Amount Due Owner column for each page.

**GRAND TOTAL** To be entered on the last page of the report. The Grand Total is the sum of the Page Totals from each page of Section B of the report.

**DEDUCTED EXPENSES SUMMARY** This space may be used by the Holder pursuant to the Missouri Unclaimed Property Statute (RSMo 447.543). Expenses deducted must be itemized (expense description and amount). All expenses must be approved by the Missouri State Treasurer. If expenses are reported, deduct the expense total from the Grand Total to obtain the total amount of remittance. *Please contact the Unclaimed Property Division for an explanation of allowable expense deductions.*

#### HOLDER REIMBURSEMENTS AND REFUNDS

Periodically an owner will contact the Holder after their property has already been reported and remitted to the Unclaimed Property Division. If the owner is then paid or the account reinstated by the Holder, the Holder may submit a request for reimbursement to the Unclaimed Property Division. Proof of payment or account reinstatement is required for reimbursement.

Refunds will be issued to Holders who have overpaid their unclaimed property report because of an accounting error or other mistake made during the preparation of the report. To request a refund, make a written request to the Unclaimed Property Division and explain the nature of the mistake. Include documentation with your request that supports your explanation of the error.

**If the amount remitted is less than the amount reported** and no explanation is provided, a request for additional remittance will be submitted by the Unclaimed Property Division to the Holder. The additional payment must be remitted to the Unclaimed Property Division within 30 days of the request.

APPENDIX B		OWNER RELATIONSHIP CODES			
OWNR	Owner	EXE	Executor	PYEE	Payee
INS	Insured	PERS	Personal Representative	REM	Remitter
BENE	Beneficiary	EST	Estate of	PLTF	Plaintiff
JT TEN	Joint Tenant	TTEE	Trustee	DEFN	Defendant
CUST UGMA	Custodian-Uniform Gift to Minors Act	TRST	Trust of	ATTY	Attorney for
MIN UGMA	Minor-Uniform Gift to Minors Act	FBO	For Benefit Of		
GUARD	Guardian	UW	Under Will of	OTH	Other (describe)

**DATE OF LAST TRANSACTION/DATE PROPERTY BECAME PAYABLE, REDEEMABLE OR RETURNABLE**

## PROPERTY TYPE CODES

### Appendix A

#### ACCOUNT BALANCES DUE

<b>AC01</b>	CHECKING ACCOUNTS
<b>AC02</b>	SAVINGS ACCOUNTS
<b>AC03</b>	MATURED CD OR SAV CERT.
<b>AC04</b>	CHRISTMAS CLUB FUNDS
<b>AC05</b>	MONEY ON DEP TO SECURE FUND
<b>AC06</b>	SECURITY DEPOSITS
<b>AC07</b>	UNIDENTIFIED DEPOSITS
<b>AC08</b>	SUSPENSE ACCOUNTS
<b>AC09</b>	MONEY MARKET
<b>AC99</b>	AGG. ACCT. BALANCES UNDER \$50

#### UNCASHED CHECKS

<b>CK01</b>	CASHIERS CHECKS
<b>CK02</b>	CERTIFIED CHECKS
<b>CK03</b>	REGISTERED CHECKS
<b>CK04</b>	TREASURERS CHECKS
<b>CK05</b>	DRAFTS
<b>CK06</b>	WARRANTS
<b>CK07</b>	MONEY ORDERS
<b>CK08</b>	TRAVELERS CHECKS
<b>CK09</b>	FOREIGN EXCHANGE CHECKS
<b>CK10</b>	EXPENSE CHECKS
<b>CK11</b>	PENSION CHECKS
<b>CK12</b>	CREDIT CHECKS OR MEMOS
<b>CK13</b>	VENDOR CHECKS
<b>CK14</b>	CHECKS WRITTEN OFF TO INCOME
<b>CK15</b>	OTH. OUTSTANDING OFFICIAL CKS.
<b>CK16</b>	CD INTEREST CHECKS
<b>CK99</b>	AGG. UNCASHED CKS. UNDER \$50

#### COURT DEPOSITS

<b>CT01</b>	ESCROW FUNDS
<b>CT02</b>	CONDEMNATION AWARDS
<b>CT03</b>	MISSING HEIRS FUND
<b>CT04</b>	SUSPENSE ACCTS.
<b>CT05</b>	OTHER COURT DEPOSITS
<b>CT06</b>	PUBLIC AID CHILD SUPPORT CKS.
<b>CT99</b>	AGG. COURT DEPOSITS UNDER \$50

#### INSURANCE

<b>IN01</b>	IND. POLICY BENEFITS/CLM. PAYMENTS
<b>IN02</b>	GRP. POLICY BENEFITS/CLM. PAYMENTS
<b>IN03</b>	PROCEEDS DUE BENEFICIARIES
<b>IN04</b>	PROCEEDS FROM MATURED POLICIES, ENDOWMENTS, OR ANNUITIES
<b>IN05</b>	PREMIUM REFUNDS
<b>IN06</b>	UNIDENTIFIED REMITTANCES
<b>IN07</b>	OTHER AMTS. DUE UNDER POLICY TERMS
<b>IN08</b>	AGENT CREDIT BALANCES
<b>IN99</b>	AGG. INSURANCE PROPERTY UNDER \$50

#### MINERAL PROCEEDS & MINERAL INTERESTS

<b>MI01</b>	NET REVENUE INTEREST
<b>MI02</b>	ROYALTIES
<b>MI03</b>	OVERRIDING ROYALTIES
<b>MI04</b>	PRODUCTION PAYMENTS
<b>MI05</b>	WORKING INTEREST
<b>MI06</b>	BONUSES
<b>MI07</b>	DELAY RENTALS
<b>MI08</b>	SHUT-IN ROYALTIES
<b>MI09</b>	MINIMUM ROYALTIES
<b>MI99</b>	AGG. MINERAL INTERESTS UNDER \$50

#### MISC. CHECKS & INTANGIBLE PERSONAL PROP.

<b>MS01</b>	WAGES, PAYROLL, SALARY
<b>MS02</b>	COMMISSIONS
<b>MS03</b>	WORKERS' COMP. BENEFITS

<b>MS04</b>	PAYMENT FOR GOODS & SERVICES
<b>MS05</b>	CUSTOMER OVERPAYMENTS
<b>MS06</b>	UNIDENTIFIED REMITTANCES
<b>MS07</b>	UNREFUNDED OVERCHARGES
<b>MS08</b>	ACCOUNTS PAYABLE
<b>MS09</b>	CREDIT BALANCES- ACCTS RECEIVABLE
<b>MS10</b>	DISCOUNTS DUE
<b>MS11</b>	REFUNDS DUE
<b>MS12</b>	UNREDEEMED GIFT CERTIFICATES
<b>MS13</b>	UNCLAIMED LOAN COLLATERAL
<b>MS14</b>	PENSION & PROFIT SHARING PLANS
<b>MS15</b>	DISSOLUTION OR LIQUIDATION
<b>MS16</b>	MISC OUTSTANDING CHECKS
<b>MS17</b>	MISC INTANGIBLE PROPERTY
<b>MS18</b>	SUSPENSE LIABILITIES
<b>MS99</b>	AGG. MISC. PROPERTY UNDER \$50

#### SECURITIES

<b>SC01</b>	DIVIDENDS
<b>SC02</b>	INTEREST (BOND COUPONS)
<b>SC03</b>	PRINCIPAL PAYMENTS
<b>SC04</b>	EQUITY PAYMENTS
<b>SC05</b>	PROFITS
<b>SC06</b>	FUNDS PD TO PURCHASE SHARES
<b>SC07</b>	FUNDS FOR STOCKS & BONDS
<b>SC08</b>	SHARES OF STOCK (RETURNED BY P.O)
<b>SC09</b>	CASH FOR FRACTIONAL SHARES
<b>SC10</b>	UNEXCHANGED STOCK/SUCCESSOR CO.
<b>SC11</b>	OTHER CERT. OF OWNERSHIP
<b>SC12</b>	UNDERLYING SHARES OR OTHER OUTSTANDING CERTS.
<b>SC13</b>	FUNDS FOR LIQ./REDEMPTION OF UNSURRENDERED STOCKS OR BONDS
<b>SC14</b>	DEBENTURES
<b>SC15</b>	US GOVT SECURITIES
<b>SC16</b>	MUTUAL FUND SHARES
<b>SC17</b>	WARRANTS (RIGHTS)
<b>SC18</b>	MATURED BOND PRINCIPAL
<b>SC19</b>	DIVIDEND REINVESTMENT PLANS
<b>SC20</b>	CREDIT BALANCES
<b>SC21</b>	SUM OF VAR. STOCK RELATED CASH ITEMS
<b>SC22</b>	CASH IN LIEU
<b>SC23</b>	SUM OF VAR. STOCK RELATED STOCK ITEMS
<b>SC24</b>	MONEY MARKET
<b>SC99</b>	AGG. SECURITY RELATED CASH UNDER \$50

#### SAFE DEPOSIT BOXES & SAFEKEEPING

<b>SD01</b>	SAFETY DEPOSIT BOX CONTENTS
<b>SD02</b>	OTHER SAFEKEEPING
<b>SD03</b>	OTHER TANGIBLE PROPERTY

#### TRUST, INVESTMENT AND ESCROW ACCOUNTS

<b>TR01</b>	PAYING AGENT ACCTS.
<b>TR02</b>	UNDELIVERED OR UNCASHED ITEMS
<b>TR03</b>	FUNDS HELD IN FIDUCIARY CAPACITY
<b>TR04</b>	ESCROW ACCTS.
<b>TR05</b>	TRUST VOUCHERS
<b>TR06</b>	PRE-NEED FUNERAL PLANS
<b>TR99</b>	AGG. TRUST PROP. UNDER \$50

#### UTILITIES

<b>UT01</b>	UTILITY DEPOSITS
<b>UT02</b>	MEMBERSHIP FEES
<b>UT03</b>	REFUNDS OR REBATES
<b>UT04</b>	CAPITAL CREDIT DISTRIBUTIONS
<b>UT99</b>	AGG. UTILITY PROPERTY UNDER \$50

<b>ZZZZ</b>	PROPERTIES NOT IDENTIFIED ABOVE (WRITTEN DESCRIPTION MUST ACCOMPANY)
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## CHECKLIST

1. HAVE YOU COMPLETED SECTIONS **A** AND **B** OF THIS REPORT?
2. HAVE YOU VERIFIED THAT THE TOTAL OF THE INDIVIDUAL PROPERTIES EQUALS THE TOTAL AMOUNT OF YOUR CHECK?
3. ARE YOU DEDUCTING EXPENSES? IF SO, PLEASE COMPLETE THE EXPENSE SUMMARY IN SECTION B AND ADJUST YOUR TOTALS ACCORDINGLY.
4. HAVE YOU CHECKED THE BOX FOR INTEREST BEARING ACCOUNTS AS APPLICABLE?
5. IS YOUR CHECK MADE PAYABLE TO *THE MISSOURI STATE TREASURER* AND ATTACHED TO YOUR REPORT?
6. ARE THE FOLLOWING INCLUDED IN YOUR REPORT:
  - ☐ STOCK CERTIFICATES
  - ☐ SAFE DEPOSIT BOX CONTENTS
  - ☐ OWNER DETAIL LISTING (HARDCOPY AND/OR DISKETTE)
7. DID YOU INCLUDE ALL NAMES, ADDRESSES, ZIP CODES AND SOCIAL SECURITY NUMBERS THAT ARE AVAILABLE FOR OWNER ACCOUNTS?